

MassHealth REVS PC software version 3.1 User Guide



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About This User Guide

REVS PC software version 3.1 is an update to the Windows-based access method for MassHealth Recipient Eligibility Verification System (REVS). Using a personal computer (PC), the software enables you to receive eligibility information for MassHealth members. You can save members' information, send eligibility inquiries in batches and store eligibility inquiries for your records. REVS PC software is easy to install, use, and understand. Additionally, you can also review the status of adjudicated claims and update security access for REVS.

REVS PC software v3.1 includes a few new features (July 2005 release) to REVS that include:

1. the ability to send multiple name inquiries in a batch to REVS for members without a member ID. This feature also allows importing member demographic information (last name, first name, date of birth, and gender) for name inquiries created using an Excel spreadsheet or Notepad, in a comma separated file format. All members with valid member IDs in the inquiry responses are added to the Member Information table automatically for future batch inquiries.
2. the ability to assign Patient Account Number (PAN) for members when performing eligibility verification inquiries. The Member Information, Eligibility Response and the Single Inquiry screens have been redesigned to include the Patient Account Number for your ease of use. Please note that eligibility inquiries can only be performed using the Member's recipient identification (RID) Number or Card and Sequence Number or Name, Date of Birth and Gender.

The PAN is simply stored as part of the database for cross reference purposes only and is not a way to verify eligibility.

3. the inclusion of the deductible amount for members for certain Coverage Types. This information is displayed in the Inquiry Response and available as part of the inquiry history.
4. a more efficient and optimized design. Some of the optimizations include the ability to send up to 32000 inquiries in a batch, limits on inquiry history and user friendly error messages. The inquiry history database now has a limit of 10,000 inquiries. This allows REVS PC to run at an optimal speed resulting in faster inquiry response and minimal database corruption. Upon the inquiry history database reaching the 10,000 record limit, you will be prompted to purge the database. Inquiries (single or batch) cannot be performed until this purge occurs.
5. a redesigned Member Information database indexed using member's recipient identification (RID) numbers. Edits have been placed on the Member Information screen to not allow duplicate member IDs. This eliminates errors caused by two members having the same member ID. The installation process automatically moves members with blank and/or duplicate RIDs to a separate file so that problems can be resolved. The design promotes faster inquiries.

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Introduction

The REVS PC software enables providers to verify MassHealth member eligibility, Primary Care Clinician (PCC), managed care, and third party liability information as applicable. It also provides documentation of this information that you may print out for a specified date. The software has an additional functionality for checking the status of a claim submitted to MassHealth.

For providers who want to send **batches** of eligibility verification inquiries using HIPAA 270 transactions to REVS, but do not wish to use the REVS PC software v3.1 interface, a pass-thru program named **REVScall** (revscall.exe) has been developed. This program is part of the installation package, offering a solution for large providers who wish to verify eligibility or to check the status of claims electronically within the context of their own existing system. For more information on incorporating REVScall into your provider system, please call the REVS Help Desk at 1-800-462-7738.

REVS PC software v3.1 provides access to MassHealth's claim status request and response system. The claim status subsystem provides you with the status of any claim you have submitted for a given member. After the response information is received, the user may print the claim information to obtain a paper copy.

The REVS PC software is developed by EDS and is offered at no cost to MassHealth providers. The software allows the provider to submit eligibility inquiries to EDS 24-hours a day, seven days a week. You can run the software on a single PC or, if you are at a large facility, you can install it on several computer workstations and access the same data source.

EDS may periodically update or enhance the REVS PC software. When updates occur, you will be notified on how to obtain the update via the REVS Web site (<https://www.massrevs.eds.com>) or by mail.

Due to the sensitive nature of MassHealth members' eligibility information, the provider must have a signed Trading Partner Agreement (TPA) on file and a valid user ID and password before the software can be activated. The assigned user ID is valid for all REVS access methods. A provider is not required to sign a second TPA in order to use REVS PC software v3.1.

NOTE:

Regularly scheduled maintenance occurs between the hours of 3 A.M. – 6 A.M. on Sundays and for up to 45 minutes nightly. During these times, REVS will be unavailable for eligibility or claim status inquiries.

Contact Information

Please contact the REVS Help Desk at 1-800-462-7738 if you have any questions about the software. To submit comments or suggestions, document your feedback about the software and include provider name, provider number, contact name, and phone number, then fax, mail, or e-mail it to:

EDS

Attn: REVS Provider Services
155 Federal Street, 6th Floor
Boston, MA 02110

E-mail: REVSHelpDesk@eds.com.

For comments or suggestions about policy information, please follow the above procedure. EDS will then forward the information to MassHealth.

Login

Obtaining Your User Identification (login) Information

In compliance with HIPAA security rules, REVS has been enhanced to require a User Identification (login) for verifying eligibility and checking claim status.

MassHealth requires a signed Trading Partner Agreement (TPA) for active MassHealth providers stating that the provider will responsibly use REVS information available to them, that they will not share their password with others, and that they will responsibly use the subordinate security pages that have been provided for their use. An acknowledgement letter containing the user ID and initial password is returned to the provider after the TPA has been signed and processed.

It is the provider's responsibility to add subordinate record(s) and authorize the subordinate security maintenance function, if desired. After receiving the user ID and password, the provider can begin verifying eligibility, checking claim status, and adding users.

Logging in to REVS PC

The Login function allows you to enter your user ID and password so that you can perform MassHealth eligibility and claim status verifications. You will not be able to perform any eligibility, claim status or security functions until you have logged in. This screen also allows an authorized user to update their password. To update the password, type in the new password followed by an identical confirmation and select *OK*. You will receive a confirmation message indicating that the password has been updated.

Figure 1: REVS PC software Login Screen

The screenshot shows a standard Windows-style dialog box titled "Login". It features four input fields: "User Name:" with the text "1STPRES", "Password:" with masked characters "XXXXXXXX", "New Password:", and "Confirm New Password:". A message "If you want to change your password, simply enter it twice below." is positioned between the password and new password fields. At the bottom, there are two buttons labeled "OK" and "Cancel".

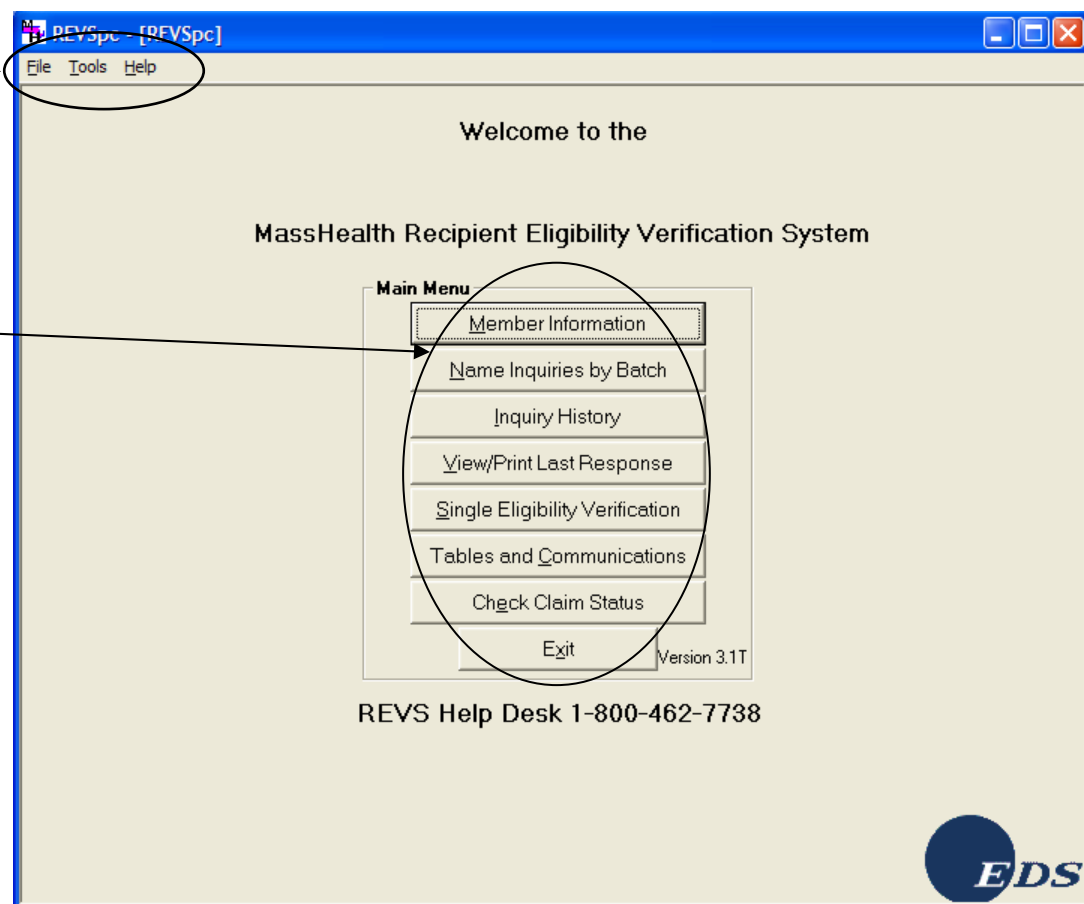
Menus

REVS PC software uses menus to navigate the application. The menu options change depending on where you are in the application.

The following table briefly describes the options in the Main Menu.

This menu option...	Allows you to...
File	Open Options/Exit from the application
Tools	Update/back-up database and Security Administration
Help	Open the REVS pc help file
Member Information	Store member information for submission and submit batches
Name Inquiries By Batch	Store member demographic information for submitting name inquiries in batches
Inquiry History	View past inquiries of members
View/Print Last Response	View or Print last inquiry(ies)
Single Eligibility Verification	Verify one member at a time
Tables and Communications	Access System Setup options
Check Claim Status	Check the status of a processed claim electronically
Exit	Exit from the application

Figure 2: REVS PC software Main Menu



Batch Key Maintenance

This table should be set up prior to adding any member information to the database. The Batch Key table contains the values for the batch keys that will be used when adding members. The Batch Keys allow you to classify the members or a group of members into easy to manage categories. These give the providers the capability to perform inquiries on a group or subset of members in the Member Information table.

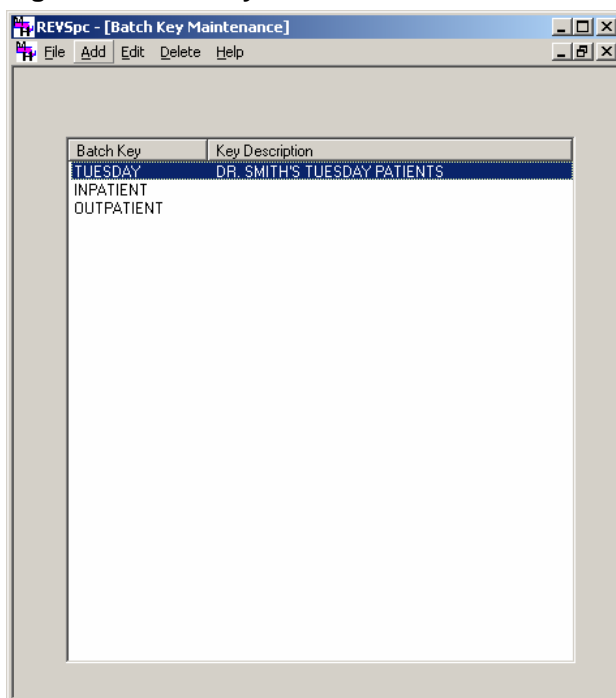
For example, keys can be setup to identify members by doctor name, day of visit, patient account number, clinic etc. Grouping members by batch keys are discussed in the Add subsection of Member Information section.

To access batch key information, select the *Tables and Communications* option on the Main Menu, and then select the *Batch Key Maintenance* on the Tables and Communications Setup Menu.

NOTE:

To restore or back-up batch key information, follow the directions in the Back-up/Restore Data Files section on page [20](#).

Figure 3: Batch Key Maintenance Screen



Add

To add records in the Batch Key table select the *Add* function from the menu bar. Enter the information to be added to the Batch Key table and select the *Add* button to save the information. Examples may be multiple doctors in a large practice, active or inactive, multiple provider sites, days of the week, or internal patient account numbers.

Example: Enter location in the batch key field (e.g., Boston) then tab to the batch key description field. Enter description (e.g., location 1) and select the *Add* button to save the batch key information to the database.

Edit

To edit records in the Batch Key table, highlight the record that needs updating and select the *Edit* function from the menu bar. Edit the information that needs to be changed and select the *Update* button to save the new information.

The Batch Key field is not accessible for editing; only the batch key description can be edited. To change the batch key, delete the batch key entry and add a new entry.

Delete

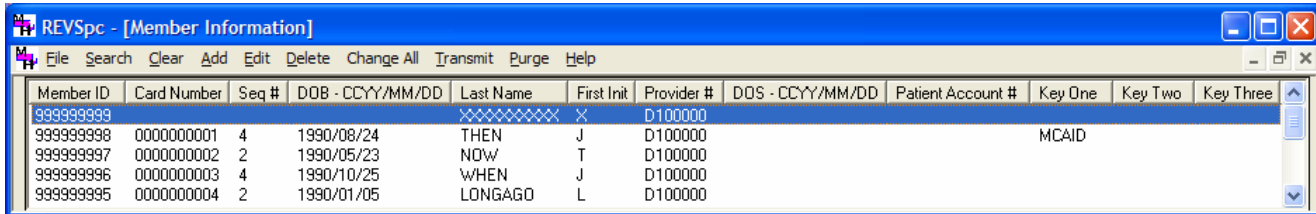
To delete a batch key record from the Batch Key table, highlight the key to be deleted and select the *Delete* function from the menu bar. If the information that appears in the window is the correct information to be deleted then select the *Delete* button to remove the record from the table.

The batch key and description fields are not accessible for editing in the delete function. Only the entire entry can be deleted from the database. Select the *Cancel* button to cancel the delete operation.

Member Information

Entering a group of members will minimize the amount of time your office spends verifying member eligibility. To begin entering member information, click the *Member Information* option on the Main Menu. This allows you to search for specific members or view all members in the Member Information database. The search screen is shown in Page 9, Figure 5. The Member Information List, shown in Figure 4, displays the member records depending on your search criteria.

Figure 4: Member Information Screen



The screenshot shows a software window titled "REVSpc - [Member Information]". It has a menu bar with options: File, Search, Clear, Add, Edit, Delete, Change All, Transmit, Purge, and Help. Below the menu bar is a table with the following columns: Member ID, Card Number, Seq #, DOB - CCYY/MM/DD, Last Name, First Init, Provider #, DOS - CCYY/MM/DD, Patient Account #, Key One, Key Two, and Key Three. The table contains five rows of data:

Member ID	Card Number	Seq #	DOB - CCYY/MM/DD	Last Name	First Init	Provider #	DOS - CCYY/MM/DD	Patient Account #	Key One	Key Two	Key Three
999999999	000000001	4	1990/08/24	XXXXXXXXXX	X	D100000					
999999998	000000001	4	1990/08/24	THEN	J	D100000			MCAID		
999999997	000000002	2	1990/05/23	NDW	T	D100000					
999999996	000000003	4	1990/10/25	WHEN	J	D100000					
999999995	000000004	2	1990/01/05	LONGAGD	L	D100000					

The following is an outline listing the major steps to submit a batch for eligibility verification. Please refer to the sections below the outline for a more detailed description of how to perform these steps.

1. Add, delete, or edit members in the Member Database.
2. Select a Batch of Members to verify by using the *Search* function.
3. Use the *Change All* function to update the Date of Service for all the members selected.
4. Transmit the Batch.
5. Receive eligibility information in the Response Screen.
6. User has the option to print a report by selecting the *Print* button.

Add

To add members, select the *Add* function from the menu bar. Enter all the required information into the fields and then select the *Add* button to save the member's information.

Three important fields appear on this screen that are not on the Single Eligibility Screen – Batch Key One, Batch Key Two, and Batch Key Three. These fields allow you to classify the members or groups of members into categories. The keys are not required, but are designed to give providers the capability of inquiring on subsets of the main member list. Here are some examples:

Identify member by the patient account number:

Key One: Blank
Key Two: Blank
Key Three: 44567

Identify member by doctor name, day of visit, and patient account number:

Key One: Dr. Smith
Key Two: Monday
Key Three: 44567

Identify member by clinic, active or inactive, and patient account number:

Key One: Boston
Key Two: Active
Key Three: 090931

Keys One and Two, if used, must be entered in the batch key table through the Tables and Communications option. Any value that is entered for the key fields must match what is entered in the batch key table. Key Three does not have to match values entered in the batch key table, but the drop-down arrow may be used to look up values from the batch key table. By using the key fields, you may transmit varying sizes of batched members.

A new field, Patient Account Number, has been included on the Member Information that allows the provider to maintain the internal Patient Account Number for a member in REVS PC. This field is for informational purposes only – validations are not performed on the Patient Account Number. The Patient Account Number, if entered, is returned as part of the response in the Inquiry Response screen.

Edit

To edit members, highlight the member from the list and select the *Edit* option from the menu bar. Double clicking on a member will also allow you to edit the member information. Both of these options will display the member information in the Member Information screen. The available options on the Member Information screen are Update and Cancel. Edit the information that needs to be changed and select the *Update* button. The changed information is now saved and the information prior to the update is no longer available.

Delete

To delete members, highlight a member from the list and select the *Delete* function from the menu bar. This will display all the details for the member in the Member Information screen. The available options in the Member Information screen are *Delete* and *Cancel*. To delete the member, select the *Delete* button. This will remove the member from the member database permanently. Selecting the *Cancel* button will return you to the member list.

Purge

To delete all members displayed on the list, select the Purge function from the menu bar. A confirmation message indicates that all members listed on the list will be removed from the database. Selecting *Yes* on the confirmation removes all members on the list from the database. Selecting *No* will return you to the member list.

Batch Eligibility Verification

REVS PC offers two methods of verifying eligibility in a batch.

- a. Batch Eligibility Inquiry by Member ID
- b. Batch Eligibility Inquiry by Name, Date of Birth and Gender

The Batch Eligibility Inquiry by Member ID allows you maintain member information by entering only the member's recipient identification (RID) number. For more information about Member Information function and maintaining members by the member ID please see the Member Information section.

The Batch Eligibility Inquiry by Name, Date of Birth and Gender allows you to maintain member demographic information. This information is displayed in the Member Demographic List and Detail screens. For more information about

Member Demographic List please see the Batch Eligibility by Name, Date of Birth and Gender section.

Batch Eligibility Inquiry by Member ID

Once you have built a batch file by using the Member Information option from the Main Menu, you will need to select the group of members to be verified.

Search

To search for a group of members, select the *Search* option from the menu bar. Enter the search criteria for the group of members to be verified, and then select the *OK* button. By using combinations of the Date of Service, Provider Number and the Three Keys, you are able to select a large variety of groups of members for inquiry.

Figure 5: Member Search Screen

Find Members

Date of Service: [Date Picker] Provider: [Dropdown] [Text Box]

Member ID: [Dropdown] [Text Box] Patient Account #: [Dropdown] [Text Box]

Card Number: [Dropdown] [Text Box] Sequence: [Dropdown] [Text Box]

Last Name: [Dropdown] [Text Box] First Name: [Dropdown] [Text Box]

Date of Birth: [Date Picker] Key One: [Dropdown] [Text Box]

Key Two: [Dropdown] [Text Box] Key Three: [Dropdown] [Text Box]

[View All] [OK] [Cancel]

NOTE:

The user has the option to sort the data before transmission. To do this, simply click once or twice on the heading of the column you want the report sorted by. For example, if you wish to sort alphabetically by last name, click on the *Last Name* heading once for alphabetically backward (Z-A) or click twice to sort alphabetically forward (A-Z). This allows the inquiry responses to be sorted by the same criteria while being displayed on the Batch Response screen.

Change All

This function allows you to change the Date of Service for all the members selected for eligibility verification. Select the *Change All* option from the menu bar. This will display the member information in the Member Information Detail screen. Enter the Date of Service, and select the *Change All* button. This updates all the members in the selected group with the correct Date of Service.

It is important to note that the Date of Service must be changed after each batch transmission. The batch process resets the date of service to 00/00/0000 on all members that receive an eligible or ineligible response. Members who do not have Date of Service reset will receive an error response.

Transmit

The final step to submitting a batch of members for eligibility verification is to transmit the batch to EDS and receive the response. Select the *Transmit* option from the menu bar. A progress meter will be displayed and the user should see which member is being processed and the total number of members to be processed. (For example: if a provider were to submit a batch of 200 members, the batch meter window would display "Processing 1 of 200" then "Processing 2 of 200", etc.)

When processing of the batch is complete, the eligibility information is displayed in the Response screen and can be printed, as needed.

Batch Eligibility Inquiry by Name, Date of Birth and Gender

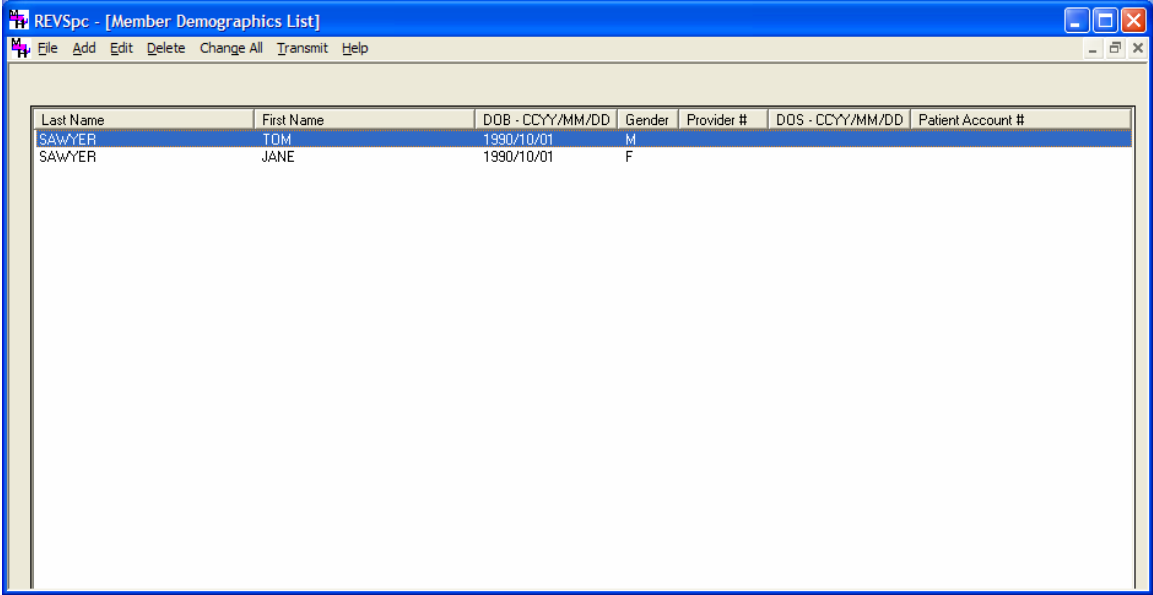
This option allows you to enter a group of members for whom you do not have MassHealth Identification Numbers using name, date of birth and gender. This will minimize the amount of time your office spends verifying member eligibility using a member's demographic individually. To begin entering member information, click the *Name Inquiries by Batch* option on the Main Menu.

The following is an outline listing the major steps to submit a batch for eligibility verification. Please refer to the sections below the outline for a more detailed description of how to perform these steps.

1. Add, delete, or edit members in the Member Demographics Database.
2. Use the *Change All* function to update the Date of Service and Provider Number for all the members selected.
3. Transmit the Batch.
4. Receive eligibility information in the Batch Response Screen.
5. User has the option to print the responses returned in a report by selecting the *Print* button on the Batch Response Screen.

To perform batch eligibility inquiry by member demographics, select the *Name Inquiries by Batch* from the main menu. The Member Demographics List screen, as seen in Figure 6, is displayed. If you had previously saved a list of member demographics, the saved information is displayed on the list.

Figure 6: Member Demographics List Screen



Last Name	First Name	DOB - CCYY/MM/DD	Gender	Provider #	DOS - CCYY/MM/DD	Patient Account #
SAWYER	TOM	1990/10/01	M			
SAWYER	JANE	1990/10/01	F			

There are two methods that you can add members to the Member Demographic List.

- a. Import member records, that was created using an Excel Spreadsheet or Notepad, in a comma separated file format. To import records from a file, choose *File* then *Import*.
- b. Add member records using the Add option available in the menu bar.

File -> Import

To import records that are in a comma separated file format, select *File*, then *Import*. This option allows you to select the file that you would like to import into the Member Demographics List.

The file specification for importing a comma separated file is:

Last Name,First Name,Date of Birth,Gender,Provider Number,Date of Service,Patient Account Number

Several examples of import records are listed below:

1. Sawyer,Tom,12/01/1940,Male,1234567,05/10/2005,SawyeTom1201
2. Doe,Jane,10/13/1990,Female,1234567,04/25/2005,DoeJane1013
3. Doe,John,04/15/1980,Male,,,DoeJohn0415
4. TEST,C,01/10/1990,F,1234567,2005/06/22
5. TEST,C,01/10/1990,F,,2005/06/22
6. TEST,C,01/10/1990,F,1234567,,TestC

The date of birth and date of service must be entered using the MM/DD/YYYY format.

Please note that the Provider Number, Date of Service and Patient Account Number information is optional. You could choose to set the Provider Number and Date of Service values using the *Change All* function available in the Member Demographics List.

NOTE:

The PAN is simply stored in the Member Demographics List for cross reference purposes only and is not a way to verify eligibility.

Add

To add members, select the *Add* function from the menu bar. The Member Demographics Detail screen, as seen in Figure 7, defaults to the provider number that the user has authority to verify eligibility. The Date of Service defaults to the current date. Enter the name, date of birth, gender and optional Patient Account Number information and select *Add* to add the member's information. On selecting *Add*, the name, date of birth, gender and Patient Account Number fields are cleared to allow you to enter the next member. After entering all the member names, click *Save and Close* to discontinue the add loop. All entries are added to the Member Demographics database.

Figure 7: Member Demographics Detail Add Screen

REVSpC

File

Member Demographics Detail

Member Demographics

Provider Number: D100000 - EDS REV Date of Service: 06 27 2005

Last Name: First Name:

Date of Birth: Gender:

Patient Account # (Optional)

Add Save and Close

Edit

To edit members, highlight the member from the list and select the *Edit* option from the menu bar. Double clicking on a member will also allow you to edit the member information. Both of these options will display the member information in the Member Demographics Detail screen. The available options on the Member Demographics Detail screen are *Update* and *Cancel*. Edit the information that needs to be changed and select the *Update* button. The changed information is now saved and the information prior to the update is no longer available.

Delete

To delete members, highlight a member from the list and select the *Delete* function from the menu bar. This will display all the data fields for the member in the Member Demographics Detail screen. The available options in the Member Demographics Detail screen are *Delete* and *Cancel*. To delete the member, select the *Delete* button. This will remove the member from the Member Demographics List permanently. Selecting the *Cancel* button will return you to the member list.

Change All

This function allows you to change the Date of Service and Provider Number for all the members in the Member Demographic List. Select the *Change All* option from the menu bar. This will display the member information in the Member Demographics Detail screen. Enter the date of service, and Provider Number and select the *Change All* button. This updates all the members in the selected group with the desired Date of Service. The Provider Number can be selected to the desired provider number from the drop down list.

It is important to note that the date of service must be changed after each batch transmission. The batch process resets the date of service on all members that remain on the Member Demographics List.

Transmit

The final step to submitting a batch of members for eligibility verification is to transmit the batch to REVS and receive the response. Select the *Transmit* option

from the menu bar. A progress meter will be displayed and the user should see which member is being processed and the total number of members to be processed. (For example: if a provider were to submit a batch of 200 members, the batch meter window would display "Processing 1 of 200" then "Processing 2 of 200", etc.)

When processing of the batch is complete, the eligibility information is displayed in the Response screen and can be printed, as needed.

All members who receive an "Eligible" or "Ineligible" response will be removed from the Member Demographics List. These members are automatically added to the Member Information table with the Member ID, Card and Sequence Number, Name and Date of Birth found in REVS. Future eligibility inquiries for these members can now be performed using the Member Information Batch Transmit process as discussed on page 8. A text file named "**MemberNamesWithRID.txt**" is created in the REVSpC directory, on your PC, that lists each member that was added to the Member Information table. If the Patient Account Number was entered in the Member Demographics List during a transmit, the Patient Account Number is also listed for this member. You will receive a confirmation message indicating the number of users being added to the Member Information table and if you wish to view them. If you choose to view these members, the information is displayed in a text editor and REVSpC will remain inactive until you close the text editor. Once the text editor is closed, REVSpC becomes active and displays the response. A sample of the contents of the text editor is shown below:

INSTRUCTIONS:

1. To print this file, Select File and then Print.
2. On the Print window, click on the "Print" button.

TO RETURN TO THE ELIGIBILITY RESPONSE, SELECT FILE AND THEN EXIT.

Please note that this file is overwritten every time a batch name inquiry is sent. PRINT THIS FOR YOUR RECORDS PRIOR TO SENDING THE NEXT BATCH OF NAME INQUIRIES.

Inquiry Date: 2005/06/17 Inquiry Time: 02:06:21 PM

FINN, HUCK, 1/31/1991, M, 999988888
SAWYER, TOM, 10/01/1990, M, 111112222, SAWYETOM1201

All other members will remain in the Member Demographics List and the Reason Code field indicates the reason they remain on the list. The Reason Codes Description field, displayed below the list, includes the various reason codes and their corresponding descriptions as seen in Figure 8.

Help

The Help option gives the user context sensitive information about transmitting batches using name, date of birth and gender to REVS for eligibility verification.

Figure 8: Member Demographics List Screen after transmit

REVSpc - [Member Demographics List]

File Add Edit Delete Change All Transmit Help

Last Name	First Name	DOB - CCYY/MM/DD	Gender	Provider #	DOS - CCYY/MM/DD	Patient Account #	Reason Code
SAWYER	TOM	1980/10/01	M	D100000			67
SAWYER	JANE	1990/10/01	F	D100000			67

62 Date of Service not within allowable inquiry period

63 Date of Service in future

64 Invalid/missing patient ID

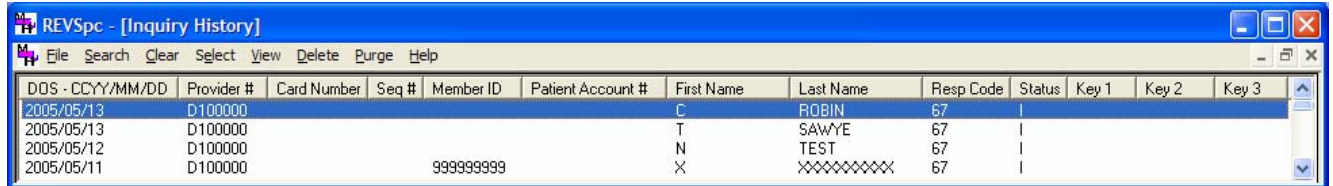
67 Patient not found

68 Duplicate Patient ID Number

Inquiry History

Whenever member inquiries, single or batch, are sent to REVS, the results of the verifications are stored in Inquiry History. This allows the user to check the results of past inquiries on members. To access a member's records, select the *Inquiry History* option on the Main Menu. This screen allows you to search and view records in the Inquiry History database. The following sections describe the various options available in the menu bar.

Figure 9: Inquiry History Screen

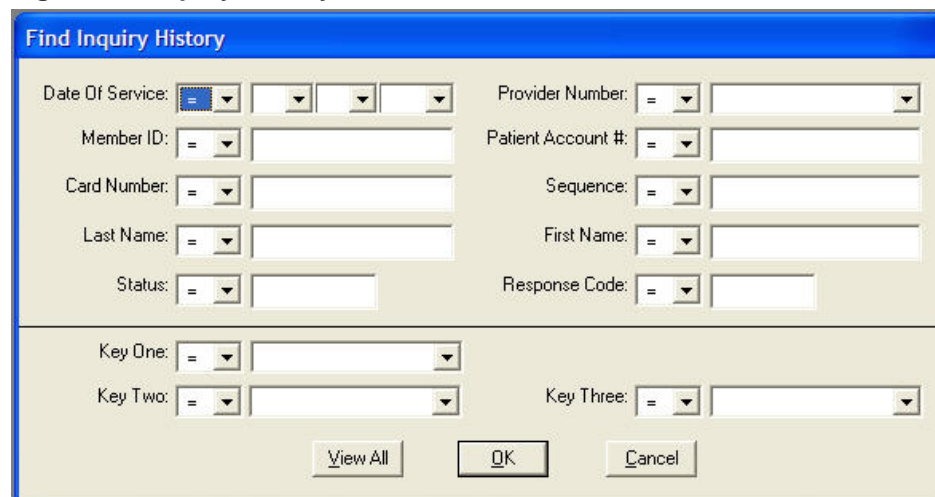


DOS - CCYY/MM/DD	Provider #	Card Number	Seq #	Member ID	Patient Account #	First Name	Last Name	Resp Code	Status	Key 1	Key 2	Key 3
2005/05/13	D100000					C	ROBIN	67	I			
2005/05/12	D100000					N	TEST	67	I			
2005/05/11	D100000			999999999		X	XXXXXXXXXX	67	I			

Search

To search for a history of eligibility verifications for a member, enter the member's recipient identification number (RID) or other criteria and select the *OK* button to retrieve all the history for that particular member or group of members. Another option is to use the *View All* button to see all inquiries for every member.

Figure 10: Inquiry History Search Screen



Find Inquiry History

Date Of Service: [dropdown] [dropdown] [dropdown] [dropdown] Provider Number: [dropdown] [text field]

Member ID: [dropdown] [text field] Patient Account #: [dropdown] [text field]

Card Number: [dropdown] [text field] Sequence: [dropdown] [text field]

Last Name: [dropdown] [text field] First Name: [dropdown] [text field]

Status: [dropdown] [text field] Response Code: [dropdown] [text field]

Key One: [dropdown] [text field]

Key Two: [dropdown] [text field] Key Three: [dropdown] [text field]

[View All] [OK] [Cancel]

Clear

Selecting the *Clear* function clears the list of inquiry history records currently displayed in the Inquiry History screen so that another search can be performed.

Select

The *Select* function highlights all of the inquiry history records that are currently displayed in the inquiry history screen to prepare for viewing/printing.

View

To view records retrieved from the Inquiry History database, highlight the record(s) to be viewed and select the *View* option from the menu bar. The Shift and Control Keys can be used with the mouse to select multiple records. The inquiry will be displayed in the Response screen. Please see the View/Print Response section for more information.

Delete

The delete function allows the user to remove a single member inquiry at a time. To delete records retrieved from the Inquiry History database, highlight the record to be removed and select the *Delete* option from the menu bar. The inquiry response will be displayed in the Response screen. The available options in the Response screen are *Delete* and *Cancel*.

To remove the inquiry information from the Inquiry History database, select the *Delete* button at the bottom of the Response screen. This will remove the member inquiry from the list permanently. To return to the inquiry list, select *Cancel*.

Purge

The purge function allows the user to remove or purge the records listed in the Inquiry History screen. To purge records from the Inquiry History database, search for the history records and select the *Purge* function from the menu bar. A confirmation message will be displayed to confirm the purging of the Inquiry History records.

Select *Yes* to purge the information from the database or select *No* to cancel the purge.

It is recommended that you move the inquiry history records to an extended database prior to performing the purge if your organization requires you to maintain a permanent record of the responses.

Response Codes

The following is a list of response codes and their corresponding messages from the eligibility verification inquiry. The response codes are available on the Inquiry History screen.

Code	Message Displayed
1	Eligible
6	Ineligible
42	Unable to respond at current time
43	Invalid/missing provider identification
51	Provider not on file
56	Inappropriate date
57	Invalid/missing Date(s) of Service
58	Invalid/missing Date of Birth
62	Date of Service not within allowable inquiry period
63	Date of Service in future
64	Invalid/missing patient ID
67	Patient not found
68	Duplicate Patient ID Number

View/Print Response

After the eligibility inquiry has been checked, the response to the inquiry displays pertinent information about the member's MassHealth status.

The Inquiry Response screen displays the MassHealth member's information, along with status and coverage type for the date of service verified. Additional information includes managed care, third-party liability, primary care clinician, long-term care, restrictive messages, and local office information.

This screen also displays the responses received from previous inquiries by selecting the *View* option from the Inquiry History List.

When viewing a response, information that is different from the prior response for the same member is highlighted in red. The data field can be double clicked and the previous value of the field is presented in a pop-up box.

Figure 11: Inquiry Response Screen

Member Data:

Provider Number: D100000	Name: C TEST	Member RID: MM1234000 6
Date of Service: 08/19/2004	SSN:	Gender: M Card: 8500000000 04
Coverage Type: STANDARD	DOB: 05/12/1967	PAN: TEST Address: 180 TREMONT STREET BOSTON, MA
Status: Eligible		

Local Office | LTC | PCC | MCO

Number: 001

Managed Care/ Other Health Insurance / Restrictive Messages:

NO PCC/MCO APPROVALS NEEDED. FOR MH/SA SERVICE AUTHORIZATION CALL THE PARTNERSHIP AT 1-800-495-0086.

RESIDENT AT LONG-TERM-CARE FACILITY.

EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).

Third Party Liability Information:

Carrier	Policy/HIC	Coverage Type	Name
08400	2345678	MEDICARE PART A	MEDICARE A CLAIM
08400	ABCDEFGH	MEDICARE PART A	MEDICARE A CLAIM
08400	GHIJKLM	MEDICARE PART A	MEDICARE A CLAIM

Previous Next 1 of 1 Records Print Preview OK

Depending on the number of records being viewed, this option allows the user to view the records by using the *Next* and *Previous* buttons at the bottom of the screen. Selecting a single record to view does not give you the option to view other records using the *Next* and *Previous* buttons.

The option to print is available by selecting the *Print Preview* button. The software presents you with the Print Options screen, as seen in Figure 12, so that you can select the various options for printing the inquiry responses. Please see the Eligibility Reports section on Page 18 for more information.

Eligibility Reports

REVS PC software allows you to print reports of your inquiries in several different formats. When you receive an eligibility response on the response screen, you will be given the option to print. If you select the *Print* button, the Print Options screen will appear. From this screen, you are able to:

- View the name of the printer to which the report will be sent for printing. Change the pre-installed printer from which you wish to print.
- Change the page orientation of the printout to either landscape or portrait.
- Display one or multiple members per page.
- Sort by any field (up to three) in ascending or descending order.

Figure 12: Print Options Screen

The screenshot shows a Windows-style dialog box titled "Print" with a standard close button (X) in the top right corner. The dialog is divided into several sections:

- Printer:** A text field displays "Xerox DocuPrint N2125 PS". To its right is a button labeled "Change Printer".
- Format:** This section contains:
 - A checkbox labeled "One page per member:" which is currently unchecked.
 - A dropdown menu showing a list of member names: "Member A", "Member B", and "Member C".
 - A label "Orientation:" followed by a dropdown menu currently set to "Portrait".
- Sort Order:** This section allows for multi-level sorting:
 - The first level is labeled "Sort By" and includes a dropdown menu and two radio buttons for "Ascending" (selected) and "Descending".
 - The second level is labeled "Then By" and includes a dropdown menu and two radio buttons for "Ascending" (selected) and "Descending".
 - The third level is also labeled "Then By" and includes a dropdown menu and two radio buttons for "Ascending" (selected) and "Descending".
- Buttons:** At the bottom right are "OK" and "Cancel" buttons.

Single Eligibility Verification

Single Eligibility Verification facilitates an inquiry using a member's recipient identification number (RID) or card number and sequence number or member name (last name, first initial, gender, and DOB). After an entry is made in one field, the additional fields will remain locked until the field with information is cleared.

For each data entry screen completed, select the *Send* button and a transmission is made immediately to verify the member's eligibility. After the response information is viewed and/or printed, select the *Clear* button to clear all fields in the data entry screen in preparation for another eligibility check.

At the Main Menu, select the option labeled Single Eligibility Verification and the following screen will appear:

Figure 13: Single Eligibility Verification Screen

MassHealth Eligibility Check

MassHealth Provider Number: D100000 - EDS REVS

Date of Service: 08 19 2004

Patient Account #:
(Optional)

REVS Check by Member ID

Member ID:

REVS Check by Card

Card Number: Sequence Number:

REVS Check by Name

Last Name: First Initial:

Gender: Date of Birth:

Send Clear Cancel

Fields

Provider Number: Enter your MassHealth provider number by using the drop-down list to access the provider numbers to which you are assigned; this is a required field. This field defaults to the provider number associated with the User ID that is logged in to REVS PC.

Date of Service: Enter the date of service you are inquiring about for the member by using the drop-down menus to select a month, day, and year. This is a required field. The date of service defaults to the current date.

Patient Account Number: This is an optional field that allows you to enter your internal Patient Account Number for the member. This is not validated when the inquiry is performed and is returned as part of the response.

To verify eligibility by using the member's recipient identification number (RID), enter the member's nine-digit identification number.

To verify eligibility by using the member's card number, enter the member's 10-digit MassHealth card number. Enter the one-digit sequence number in the Sequence Number field.

To verify eligibility by using a member's demographic information such as name, date of birth, and gender, enter the first five characters of the member's last name, the first initial of the first name, member's date of birth, and member's gender.

Once all the fields on the chosen inquiry method are complete, the transaction is ready to be sent to REVS for verification. Select the *Send* button to begin verification. A small window will appear displaying the transmission's progress. When verification is complete, the response screen will be displayed with the member's eligibility information.

Back-up/Restore Data Files

It is recommended that the REVS PC software database tables be backed up on a regular basis. **It is recommended that you back up your database tables a minimum of one time per week.** Back-ups may be performed using either the Import/Export procedures found in document on page [21](#) or the following Back-up/Restore procedures. The REVS PC software backs up the database by exporting copies of the tables in a text file format. These text files can be imported back into the database to restore the data.

Member Information Table

Back-up

To back-up the member information table, from the menu bar on the Main Menu screen select *Tools, Back-up*, then *Member Information*. A window will be displayed that allows the user to save the back-up data to disk. After choosing a file name for saving the back-up data, the back-up process will begin and the progress will be displayed with a status bar. Upon completion, a window will be displayed showing the number of records that were saved and the name and location of the file in which they are stored.

Restore

Prior to restoring the member information table, all data must first be removed from the table. To remove all data from the table, select the *Member Information* option on the Main Menu. On the Search screen, select the *View All* button to display all the members in the table. Select the *Purge* function from the menu bar and select the *Yes* button on the warning screen. All members in the table will now be deleted.

Next, from the menu bar on the Main Menu select *Tools, Restore*, and then *Member Information*. Select the file that you wish to restore to the table, for example **meminfo02042004.txt**. Select the *Open* button and all the records from the file will be restored back into the database. Upon completion, a window

will be displayed showing the number of records that were restored from the database.

Backing up other information

The Back-up/Restore functionality discussed above for member information, can be used for inquiry history and batch key information. The inquiry history and batch key options are available along with Member Information. Another option is to back-up all information in the database. Choosing *All* will back-up member information, inquiry history, and batch key information.

NOTE:

Back-up files stored in the Back-up folder should be periodically deleted to recover space on your hard drive. Determine which back-up files are old and can be deleted, and delete them.

The back-up files stored in the Back-up folder can be compressed and stored on a diskette in order to recover the files from a disk crash. It is recommended that a utility such as WinZip be used to compress the files.

It is recommended that you backup your Inquiry History periodically. REVS PC v3.1 now has a limit of on 10,000 inquiries in the Inquiry History database. You will not be able to perform inquiries when your inquiry history reaches this limit.

Import/Export Data Files

REVS PC software backs up the database tables by exporting copies of the tables in a text file format. These text files can be imported back into the database to restore the data.

Before exporting your files, a folder should be created on your hard drive to store the exported files. It is recommended to create the folder under the REVS PC software home directory in C:\ProgramFiles\REVSpc.

All users **must** be logged out of the REVS PC software while exports and imports are being performed. When importing files from all tables the Provider and Batch Key Tables must be imported before the member information and Inquiry History Tables.

Export

To export the Member Information table, select the *Member Information* option on the Main Menu. On the Search screen select either the *View All* button to display all your members, or *Cancel* to display a blank screen. From the File pull-down menu, select *Export*. Navigate to your export folder (for example, C:\Program Files\REVSpc\Export). Type a name for your export file that will store all the exported data. It might also help to include the date of the export in the file name. For example, an export of the Member Information table performed on February 4, 2004, might be named **Member02042004.txt**. Next, select the *Open* button and your table will be exported to the new file. Upon completion, a window will be displayed showing the number of records that were exported.

Import

To import data from an exported file, all duplicate data to be restored must first be removed from the table. To remove all data from the table, from the Main Menu select the *Member Information* option. On the Search screen, select the *View All* button to display all the members in the table. Select the *Purge* function from the menu bar and select the *Yes* button on the warning screen when asked "Do you want to delete all of the members in the display window from the database?" All members in the table will now be deleted.

Next, from the File pull-down menu, select *Import*. Navigate to your export folder (for example, C:\Program Files\REVSpc\Export) and select the file that you wish to import (for example, Member02042004.txt). Select the *Open* button and all the records from the file will be imported back into the table. Upon completion, a window will be displayed showing the number of records that were imported.

Import/Export Other Information

Similar to exporting or importing member information, inquiry history and batch key information can also be exported or imported. As described above, the export/import functionality is available in the Inquiry History screen and the Batch Key screen. As noted above, disk maintenance must be performed as often as necessary to recover space.

Claim Status

Claim Status Inquiry

REVS PC software v3.1 provides access to MassHealth's claim status request and response system. The claim status subsystem provides you with the status of any claim you have submitted for a given member. After the response information is received, the user may print the claim information to obtain a paper copy.

NOTE:

Please note that you must be logged in with a user ID and password associated with the provider number under which the claim was submitted.

Claim Status allows a request to be made using a transaction control number (TCN), patient account number (PAN), or the member's recipient identification (RID) number. If you know other information on the submitted claim such as the service code or original billed amount, this information can be entered and will be used to help limit the amount of claim information returned on the response.

Due to the amount of information stored and what could be returned, it is suggested that you take the following steps:

- Inquire by TCN whenever possible. This will result in the quickest response to your request.
- If you do not have a TCN, be sure to enter a valid PAN and RID.

Please note that some information on the Claim Status Request screen that is required is not used in our search criteria, but is required to be present on the screen due to HIPAA regulations. As a result, it is recommended that fields such as the Member's Name, Date of Birth and Gender contain a default value that

you continually enter for each claim status request. The system currently provides a default of “Unknown” for gender.

This system contains the last three years of adjudicated claims history when searching by TCN (and the prior 18 months when searching by other criteria). A user can verify claims within that three-year period in six-month intervals. This limitation has been placed on the system due to the large number of claims that could be returned on the response.

Figure 14: Claim Status Inquiry Screen

REVSpc - [MassHealth Claims Status]

File Help

Claim Submitter Trace: Oct 21, 2002

MassHealth Provider Number: -- Choose a Provider --

Required Search Criteria
To identify the member, please enter the following information.

Member ID (RID):

Last Name:

(First, MI)

Date of Birth:

Gender: Unknown

Date Range
Please enter a date of service range within a 6-month span.

From date of service:

To date of service:

Transaction Control Number
Enter a specific TCN by entering 10 characters as shown on your RA, or, to see multiple TCN's, enter only the first 9 characters.

TCN:

Optional Search Criteria
You may further tailor your request by entering any of the following.

Patient Account Number:

Service Code:

Original Billed Amount: 0.00

Send Clear Cancel

Checking claim status by the Transaction Control Number (TCN)

Enter the claim's nine or 10-digit TCN number in the TCN field. To see a specific claim you may enter all 10 characters as shown on your remittance advice (RA). Alternatively, you may request to see multiple detail lines for a claim by entering only the first nine characters of the TCN. The TCN will take precedence over any other search criteria entered.

Checking by Patient Account Number (PAN)

Enter the patient account number in the Patient Account Number field. The patient account number can be any alphanumeric value that your facility has designated for a member and was submitted as part of the MassHealth claim. The patient account number is not required, but if entered it will take precedence over the member's recipient identification (RID) number.

Checking by the member's Recipient Identification (RID) Number:

Enter the first nine digits of the member's recipient identification (RID) number, as you would when verifying eligibility. The member's recipient identification (RID) number is always required, but will not be used if a TCN or a PAN is entered.

There are two fields that can be used as additional filters to limit the potential number of responses you receive on a claim status request: the service code and the original billed amount on the claim. The code of the service that you billed on the claim can be a 3, 5, or 11 character alphanumeric value. The service code will be ignored if the TCN is entered. The original billed amount on the claim can further specify your request. The original billing amount can only be a numeric value, and it will default to zero if nothing is entered.

The following fields are **required** per HIPAA regulations (unless noted otherwise) but are not used in the search for MassHealth claims on this system.

- Last Name: Enter the first five characters of the member's last name. Regardless of the value entered in this field, any claims that match based on a TCN, PAN, or member's recipient identification (RID) number will be returned.
- First Initial: Enter the member's first initial of the first name. Regardless of the value entered in this field, any claims that match based on a TCN, PAN or member's recipient identification (RID) number will be returned.
- Middle Initial: This field is not required and may be left blank.
- Date of Birth: Select the member's date of birth. You may use either the calendar feature or manually enter it using the keypad. Scroll between month, day, and year by using the arrow keys. Regardless of the value entered in this field, any claims that match based on a TCN, PAN, or member's recipient identification (RID) number will be returned.
- Gender: Select the member's gender. Default is "unknown." You may choose 'male' or 'female' or leave the default of "unknown." Regardless of which option you select, the results will be the same on the claims response screen.

Date of Service Range: Regardless of the value entered in this field, any claims that match based on TCN, PAN or member's recipient identification (RID) number will be returned.

- From Date of Service: Select the *From* date of service by entering the starting range date that you wish to search under. You may use either the calendar feature or manually enter the date using the keypad. Scroll between month, day, and year by using the arrow keys. REVS retains only three years worth of claims history from the current date. You can only verify in six-month intervals, due to the large number of responses that could be returned on a claim status request.
- To Date of Service: Select the *To* date of service by entering the closing range date that you wish to search under. You may use either the calendar feature or manually enter the date using the keypad. Scroll between month, day, and year by using the arrow keys. You must enter the date prior to submitting your inquiry. If not, the *To* date of service will default to the *From* date of service previously entered.

Claim Status Response

The claim status response is divided into three sections. The top section is the header information for the response, which displays the claim submitter trace

date and time, the billing provider, member's recipient identification (RID) number and name (all based on the search criteria entered, not the search results). The second section is referred to as the Summary Table of Claims. This section summarizes all adjudicated claims that match the search criteria used on the claim request. Key information for each claim will be displayed including TCN, Date of Service (DOS), Status, Charges, and Payment. The user may click on the TCN to immediately see the details associated with that specific TCN. The third section provides detailed information for each claim, described on the last two pages of this guide.

The user may click on any claim in the summary table to navigate through the claim detail displays. When the user highlights a particular claim, the details at the bottom of the screen (Selected Claim section) become visible.

By double clicking on the Claim Status field, the old MMIS edit codes and description will appear. See the MassREVS Code Crosswalk section in the help file for more information.

Figure 15: Claim Status Response Screen

Claims Status

First Name: A Billing Provider: 1111111 - SUN
 Middle Initial: Claims Submitter Trace: 10/03/2002
 Last Name: A Recipient ID Number: 111111111

Summary Table of Claims - Please select claim for details

TCN	DOS	Status	Charges	Payments
1111111111A	05/16/2002	Paid	\$35.00	\$22.08
1111111112A	05/16/2002	Paid	\$35.00	\$20.37
1111111113A	05/16/2002	Paid	\$50.00	\$35.88
1111111114A	05/16/2002	Paid	\$50.00	\$32.59

Selected Claim

Recipient ID Number: 111111111 Status Date: 09/13/2002
 Member's Name: GALL, JESSI Date(s) of Service: 05/16/2002
 Date of Birth: 10/01/1988 Adjudication Date: 07/19/2002
 Gender: F Check Issue Date: 07/23/2002
 Patient Account Number: GALL Charge Amount: \$35.00
 TCN: 20217542464A Payment Amount: \$22.08
 Claim Status: Finalized/Payment-The claim/line has been paid. Service Code: HC:D0272
 Units of Service: 1

OK Print Preview 1 of 4 Claims

Claim Status Header Response Fields (Search Criteria Submitted)

- Claim Submitter Trace: The date and time the claim status inquiry was performed.
- Billing Provider: The provider number and provider name.
- Recipient ID Number: nine-digit MassHealth member's recipient identification (RID) number.
- Name: Member's full last name, full first name, and middle initial.

Summary Table of Claims

- Transaction Control Number (TCN): The TCN that uniquely identifies a record or group of records on the suspense or history files.

- Date of Service: The date of service provided on the submitted claim.
- Status: The last status update to this claim (Paid, Denied, Pending, etc.).
- Charges: The charge amount submitted on the claim.
- Payment: The payment amount made by MassHealth for the claim.

Detail by Claim (Claim Information Received)

- Billing Provider: The provider number and provider name.
- Recipient ID Number: Nine-digit MassHealth member's identification Number (RID).
- Member's Name: Member's full last name, full first name, and middle initial.
- Date of Birth: Date of birth on record for the member.
- Gender: Gender on record for the member.
- Status Date: The last date the status of the claim was updated.
- Charge Amount: The charge amount submitted on the claim.
- Payment Amount: The payment amount made by MassHealth.
- Adjudication Date: The date that the claim was adjudicated by MassHealth.
- Remittance Date: The date that the remittance advice for this claim was sent to the provider.
- Transaction Control Number (TCN): The TCN uniquely identifies a claim header/detail lines on file.
- Patient Account Number: The Provider's internal tracking number for that MassHealth member.
- Date of Service: Date of Service submitted on the claim.
- Service Code: Service code submitted on the claim.
- Units of Service: Units of service performed and submitted on the claim.

If you have any questions about how to use the Claim Status Inquiry and Response System, please call the REVS Help Desk at 1-800-462-7738.

Security

Security Maintenance

You can access the Security screen from *Tools* at the top of the Main Menu. The three options displayed under the security menu are described below:

1. Logon/Switch User
2. Log Off
3. Security Update

Logon/Switch User

This option logs off the current user and displays the Login window so that the user may log in using another user ID and password.

Log Off

REVS PC allows you to log off the software at any time. This feature is useful if you are going to run REVS PC unsupervised. The only option available after

logging off REVS PC is Tables and Communications. The software is designed to automatically log out the current user after 30 minutes of inactivity.

Security Update

Only users with access to the security screen are able to add/remove/update users under a provider number. There are three different user levels for REVS access, described below.

Provider user ID

Provider user IDs are the highest level of security access granted to users. Only one Provider user ID is granted per provider number. This ID will usually be the initial user ID given to a provider who has signed the TPA. The Provider user ID will allow a user to verify eligibility, check claim status, create subordinates, and create administrators.

Administrator user ID

Administrators have the ability to verify eligibility, check claim status and add/remove/update subordinate users. As a result, the administrator will have access to the security update screen. An administrator may not create other administrators, only subordinates.

Subordinate user ID

This is the most simple of all user access levels. The subordinate user(s) will only have the ability to verify eligibility and/or check claim status, and update his/her own password. The security update screen will not be available to a subordinate user.

NOTE:

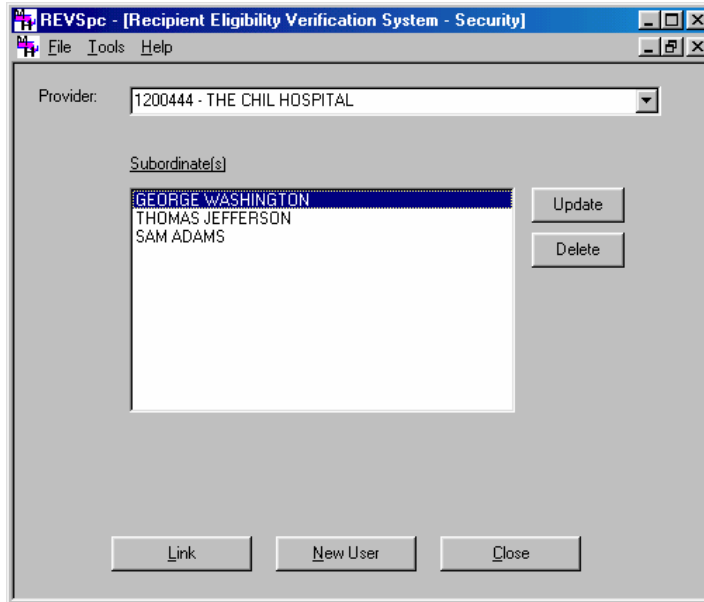
All user IDs are associated with one or more provider numbers. For example, a subordinate user created under provider number "1234567" will only be able to verify eligibility under that provider number. For more information see instructions in the Link Existing Users section of this guide.

Navigating the Security Update Screen

If you have logged in using an Administrator or Provider user ID, you will have access to the Security Update screen. Access this screen by selecting *Tools*, *Security*, and then *Security Update*. At the top of the screen, you will see the provider numbers that are associated with your user ID.

A user logged in using a provider user ID will see security information for that provider number. A user logged in using an administrator ID, linked to other provider numbers, can see the linked provider numbers in the Provider drop-down list. Selecting a provider from the drop down list will display a list of all subordinate users for that provider number.

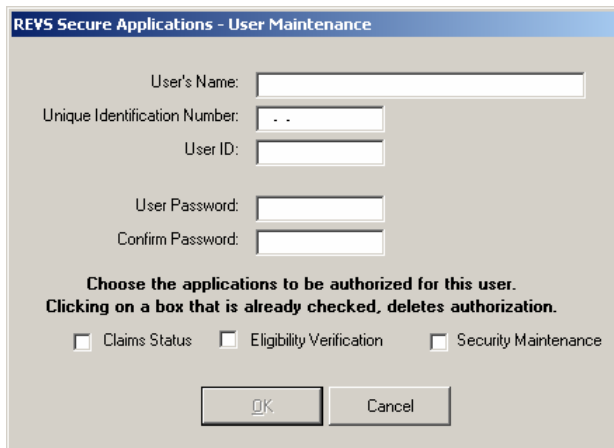
Figure 16: Security Update Screen



Adding New Users

By selecting the *New User* button at the bottom of the screen, the User Maintenance screen will appear. From this screen, you will be able to add/delete/update users that have a lower level of security access than your user ID.

Figure 17: User Maintenance Screen



After typing in the User's Name, Unique Identification Number, user ID, and User Password, you will select the applications that the added user will access. The Unique Identification Number is a nine-digit number used to identify the user. To create a **Subordinate User**, check only *Eligibility Verification* and/or *Claim status*. To create an **Administrator User**, check the application(s) for which you wish the user to access, and check *Security Maintenance*. Select *OK* when finished. The user will now be created under the provider number displayed on the Security Update screen.

NOTE:

Only a provider level user ID has the option to grant Security Maintenance.
You cannot create a user with security maintenance privileges only. If an administrator is created, an application must be selected in addition to security maintenance.

User IDs and Passwords

User ID Requirements

There are specific requirements for creating a new user ID. The user ID must be alphanumeric (letters and numbers only). It must be at least four characters in length, but no greater than seven characters maximum. In addition, there must be at least four unique letters in the user ID.

Examples of user IDs:

Valid user IDs	Invalid user IDs and Comments	
TOBY	ACE	Too few characters
REGDESK	DADDY	Too few unique characters
ABCD123	1234567	Too few letters
DRNO	Dr. No	Periods, spaces not allowed

Password Requirements

Like the user ID, there are requirements for creating a new password. The password must be alphanumeric (letters and numbers only). It must be a minimum of six characters, with a maximum of eight characters. There must be four unique letters and at least one number in the password.

When you sign on for the first time, the software will prompt you to change your password. Once you initially change your password, you will be the only one who knows what it is. The password will expire after 90 days from its creation date. The system will begin to notify you one week prior to your password's expiration, and ask you if you would like to change it. After 90 days, the system will prompt you to change your password.

New passwords cannot be the same as your user ID or your current password.

Examples of Passwords:

Valid Passwords	Invalid Passwords and Comments	
WEBREVS2	WEBREVS	Must include a number
JOHN03	JOHN3	Must be six-eight characters
DEBBIE9	DEB123	Must have at least four letters
1WEBBER	1WEB	Must be six-eight characters

Linking Existing Users

A user that has been created under a different provider number cannot be added as a new subordinate user. Instead, you will have to link the user by selecting the *Link* button at the bottom of the security update screen. This will once again

bring up the User Maintenance screen; however, only three fields will be available: Unique Identification Number, user ID, and the application check boxes. You will need to know the unique identification number and user ID of the user you wish to link, before you are able to link that user. After you have obtained this information, insert it into the User Maintenance screen, select the applications for which you wish to grant access, and select *OK*. After verification of the user details, the user will be linked to the provider number displayed on the security update screen.

No more than 100 users can be linked to any one provider number. Beyond this limit, you will not be able to add or link a user to that provider number. Only 10 users may be displayed on the screen at any one time. If more than 10 exist, a list box will appear enabling you to scroll through the users.

Deleting Existing Users

To the right of the subordinate names, there is a *Delete* button. Selecting this button will display the User Maintenance box with all of the fields locked. Only the *Confirm Delete* and *Cancel* buttons are available. Selecting *Confirm Delete* will remove the user only from the provider number displayed on the Security Update screen. A user that is associated with multiple provider numbers will continue to exist under those provider numbers from which they were not deleted.

Updating Existing Users

To the right of the subordinate names, there is an *Update* button. Selecting this button will display the User Maintenance screen with all of the fields available except the user ID. The user ID field remains locked, as this is the primary identifier for each user. However, an Administrator or Provider user ID is able to change all other information for a user, including name, unique identification number, password, and available applications. When finished entering your changes, select the *OK* button to save your changes. To reset a password for a subordinate user, use the Password field to reset to a temporary password. As indicated above, the user will be prompted to change the password when logging into REVS PC software after a password reset.